

Medical History Form



Patient Name

Isai Pineda

Age: 51

Sex: ☒ F ☒ M

Height: 5 ft 9 in

Weight 130 lbs

Body Mass Index (BMI)

At what weight would you feel comfortable to maintain? lbs

Allergies (include medications such as Lidocaine, antibiotics, sulfa, etc.):

None

Present Medications:

Prednisone, Cellcept, Coraon, Nervasec, Protonix, Pruvachol

General Medical History

Have you ever been hospitalized? ☒ YES ☐ NO If yes, describe below:

Year Diagnosis Reason for hospitalization Description outcome

2004 Heart transplant / Cardio Myopathy, Heart failure cong.

Please use the space below to describe any present or past medical problems.

Problems	Year Diagnosed	Description	Problem	Year Diagnosed	Description
High Blood Pressure	2010		Arthritis	/	
Diabetes	/		Cancer	/	
Thyroid Problems	/		Stroke	/	
Heart Disease	2004		"Milk Allergy"	/	
Lung Disease	/		Ulcers	/	
Blood Vessel Disease	/		High Blood	/	
(Thrombosis,	/		Cholesterol or	/	
Blockage, Phlebitis)	/		Triglycerides	/	
Kidney Disease	/		Gallstones	/	
Liver Disease	/		Back Problems	/	
Intestine Problems	/		Seizures	/	

Other Problems

Signature

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Date

4.18.12

Medical History Form



Patient Name Isabel Pineda

Age: 51 Sex: F ☒ M ☐

Height: 5 ft 9 in Weight 130 lbs Body Mass Index (BMI) 22.9

At what weight would you feel comfortable to maintain? 130 lbs

Allergies (include medications such as Lidocaine, antibiotics, sulfa, etc.): None

Present Medications: Concor, Norvasc, Pravastatin

General Medical History

Have you ever been hospitalized? YES ☒ NO ☐ If yes, describe below:

Year Diagnosis Reason for hospitalization Description/Outcome

Please use the space below to describe any present or past medical problems.

Problems	Year Diagnosed	Description	Problem	Year Diagnosed	Description
High Blood Pressure	<u>2010</u>		Arthritis	<u>-</u>	
Diabetes	<u>-</u>		Cancer	<u>-</u>	
Thyroid Problems	<u>-</u>		Stroke	<u>-</u>	
Heart Disease	<u>-</u>		"Milk Allergy"	<u>-</u>	
Lung Disease	<u>-</u>		Ulcers	<u>-</u>	
Blood Vessel Disease			High Blood		
(Thrombosis, Blockage, Phlebitis)	<u>-</u>		Cholesterol or Triglycerides	<u>-</u>	
Kidney Disease	<u>-</u>		Gallstones	<u>-</u>	
Liver Disease	<u>-</u>		Back Problems	<u>-</u>	
Intestine Problems	<u>-</u>		Seizures	<u>-</u>	

Other Problems

Signature [Signature]

Date 4.18.12